Name in Full: Pettyman Bramble

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlinwood — County: Somerset

Date of death 1904: Month: March — Day: 11 — Age: Years: 55 — Months: 10 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Berlinwood

Occupation: Oysterman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Rhoda Todd

Father's Name: Bozelard — Father's Birthplace:

Mother's Maiden Name: Bramble — Mother's Birthplace: Berlinwood

Name of person giving Imformation: Henry Bramble Jr Town — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 12 Days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Germany MD

Address: Princess Md

Accident or Suicide? File 1904

LIBRARY BUREAU A68816

Name in Full

Certificate of Death

Infant of Robert and Harriette Lester

Town: Mount Holly, County: Dorchester, MARYLAND

Died at

Date 1904 Month: Mar Day: 5, | Age Y. M. D. — 0 — | Native of Md. | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name Robert Chester | Mother's Maiden Name Harriet Chester

Cause of Death: Primary Intussusception 108. | How long sick Don't know

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Wilbur A. Duke, M.D.

Address Cambridge, Dorchester, Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Robt- Emmett Haywood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: March — Day: 22d — Year: 1904 — Age: Years: 57 — Months: 4 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Dor. Co. Md.

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Willie Bassett

Father's Name: W.R. Haywood — Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Eliza E. Haywood — Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: V.M. Sulliviane — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia — How long: 7 days

Immediate: Gradual heart failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy Steele M.D.

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A83816

Neme in Full

Certificate of Death

Emma Knight

Died at Town: Cuny's County: Dorchester MARYLAND

Date 1904 Month: Mar. Day: 8 | Age Y.: 5 M.: 5 D.: 14 | Native of: Md | Occupation: —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband / Wife of —

Father's Name: Douth Knight | Mother's ~~Maiden~~ Name: Sarah E. Knight

Cause of Death — Primary: Acute Phthisis | How long sick: about 6 weeks

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by: Wilbur A. Drake, M. D.

Address: Cambridge, Dorchester, Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 798x8

Name in Full — Certificate of Death

Eliza Henson

Died at Town: Cambridge, County: Dorchester — MARYLAND

Date 1904 Month: Jan Day: 7 | Age: Y. 99 M. — D. — | Native of: Md. | Occupation: Domestic

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living: two

~~Husband~~ Wife of: Jacob Henson (deceased)

Father's Name: Don't Know | Mother's Maiden Name: Don't Know

Cause of Death — Primary: Pneumonia with complications — How long sick: 3 months.

Immediate: Exhaustion

93.

~~Accident, Suicide, Homicide~~

Reported by: Wilbur A. Drake M. D.

Address: Cambridge Dorchester Co.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989

Name In Full Gertrude Kain

Certificate of Death

Died at Town Mount-Holly County Dorchester Co — MARYLAND

Date 1934 Month March Day 11 | Age ~~Y~~ M. 3 D. -10 | Native of md | ~~Occupation~~

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 4

Husband of Wife —

Father's Name John a Kain

Mother's Maiden Name Margrate Kain

Cause of Death: Primary — How long sick 2 months

Immediate Paralysis 66. Accident, Suicide, Homicide

Reported by Lewis E Harper

Address Cambridge md Dorchester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Keene

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Madison — County: Dorchester

Date of death 1904: Month: March — Day: 26th — Years: Age 5 — Months: 2 — Days: —

Sex: Female — Color or Race: Col. — Birthplace: Dor Co Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Child — Name of Wife or Husband: Child

Father's Name: Charles W. Keene — Father's Birthplace: Dor Co Md.

Mother's Maiden Name: Sarah Seymour — Mother's Birthplace: " " "

Name of person giving Imformation: Sarah Keene — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns, Clothing ignited — How long: Don't know

Immediate: Result of Burns — How long: " "

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: Howard Richardson Jr. M.D.

Address: Church Creek, Md

Accident ~~or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: Henry C. Lord

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rhodesdale — County: Dorchester

Date of death 1904 — Month: March — Day: 18 — Years: Age 85 — Months: — — Days: —

Sex: Male — Color or Race: Caucasian — Birthplace: —

Occupation: Retired — Where Residing if not at place of death: Near Rhodesdale

Married, Single or Widowed: Widower — Name or Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: — — How related to deceased: —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long:

Immediate: Senile decay — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. J. Price

Address: Vienna Md.

Accident or Suicide?

LIBRARY BUREAU A46515

Name in Full: Minta Ann Marine

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Madison — County: Dorchester

Date of death 1904 — Month: Mar. — Day: 18th — Age — Years: 25 — Months: 2 — Days: 24

Sex: Female — Color or Race: Col. — Birthplace: Dor. Co. Md.

Occupation: House work — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: John F. Marine

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Allie J. Jones — Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: John F. Marine — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: 2½ years

Immediate: Cause [illegible] — How long:

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Hutchinson M.D.

Address: Church Creek, Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Mary Martina Moore

CERTIFICATE OF DEATH

MARYLAND

Died at or near: Town: Madison; County: Dorchester

Date of death: Month: March; Day: 24th; Year: 1904; Age: Years: 32; Months: 1; Days:

Sex: Female; Color or Race: White; Birthplace: Dor. Co. Md.

Occupation: Housework; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Thomas Moore; Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Martina Vane; Mother's Birthplace: " " "

Name of person giving Imformation: William Gladstone Moore; How related to deceased: No relation

TO BE ANSWERED BY NEARREST FRIEND

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Probably Pneumonia; How long: Done heard

Immediate: Probably; How long:

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Loiderman M.D.

Address: Church Creek, Md.

Accident or Suicide?

LIBRARY BUREAU A82016

Name in Full

Certificate of Death

James M. Nichols

Died at Town: Choptank County: Dorchester MARYLAND

Date 1904 Month 3 Day 26 | Age Y. 54 M. — D. | Native of Caroline Co Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced | Number of children living 3

Husband ~~Wife~~ of Clara Nichols

Father's Name Levi Nichols | Mother's Name Levi Nichols

Cause of Death — Primary: 94 — How long sick

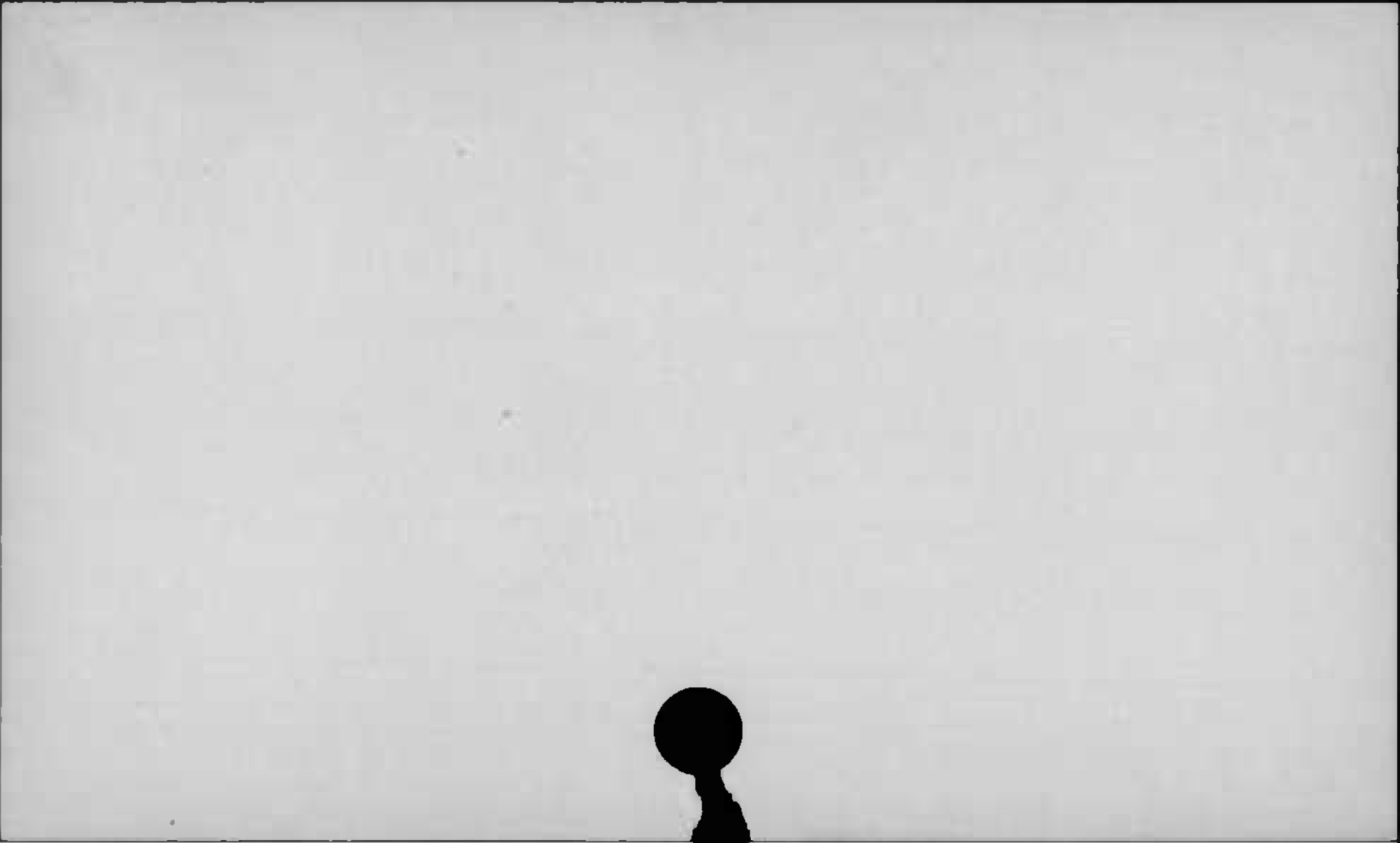
Immediate: Chronic Tuberculosis — Accident, Suicide, Homicide

Reported by Dr A. Sayers

Address E. Newmarket Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full: John Reginald Perry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge; County: Dorchester

Date of death: 1904; Month: 3; Day: 18; Age: Years: 5; Months: 5; Days: 26

Sex: Male; Color or Race: Blk; Birthplace: Cambridge

Occupation: child; Where Residing if not at place of death: Cambridge.

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Winnie Perry; Father's Birthplace: Cambridge Md

Mother's Maiden Name: Rezeta Roberts; Mother's Birthplace: " "

Name of person giving Imformation: Winnie Perry; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebro-Spinal Meningitis; How long:

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: E. E. Wolf M. D

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A8001G

Name in Full: Mary J Plummer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town.) Cambridge — County: Dorchester

Date of death: Month: Mch — Day: 26 — Years: Age 90 — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: Caroline Co. Md

Occupation: — — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Edward Plummer

Father's Name: Peregrine Rouse — Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Sally Willis — Mother's Birthplace: " " "

Name of person giving Information: Miss Nannie Hunter Cottom — How related to deceased: Gd daughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: Congestion Lungs — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B W Golds Dorsey

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A66510

Name in Full: James H Reid

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reliance — County: Dor

Date of death: 1904 — Month: Mar — Day: 8

Age: Years: 1 — Months — Days

Sex: male — Color or Race: white — Birthplace: Del

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Walter Reid — Father's Birthplace: Del

Mother's Maiden Name: Celia Abier — Mother's Birthplace: Del

Name of person giving information: father — How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: 5 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R Kemp Jefferson

Address: Federalsburg md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Levin H Spedden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hills Point; County: Dorchester

Date of death: 1904; Month: Mar; Day: 26

Age: Years: 55; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Hudson

Occupation: Farmer; Where Residing if not at place of death: Hills Point

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Wm H Spedden; Father's Birthplace: Hudson

Mother's Maiden Name: Elizabeth Marshall; Mother's Birthplace: Wrights

Name of person giving Information: W W Marshall; How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: General Paralysis; How long: 4 yrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full

Michael Thomas

Certificate of Death

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1904 Month Day: Nov. 8, | Age Y. M. D.: 64, 3 — | Native of: Md | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living: four

Husband ~~Wife~~ of Hester Thomas

Father's Name: Don't Know | Mother's Maiden Name: Don't Know

Cause of Death — Primary: Pulmonary Phthisis | How long sick: Don't Know

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by: Wilbur A. Drake, M. D.

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

Beatrice Warner

Town

Died at Hancocksville

County

Dorchester

MARYLAND

Date 19 04 Month March Day 8

Age Y. 4 M. 3 D.

Native of Maryland

Occupation

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~

Number of children living

Husband of

Wife

Father's Name Samuel Coleman

Mother's Maiden Name Georgina Warner

Cause of Death: Primary — Unknown

How long sick 1 days

Immediate

Accident, Suicide, Homicide

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Reported by Lawrence D. Ashton J.P.

Address Hancocksville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898